

FLORIST INVOICE

DETAILS

DATE: _____
 INVOICE NO. _____
 TERMS: _____

FROM

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

BILL TO

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

LABOR	HOURS	RATE (\$/HR)	AMOUNT (\$)
TOTAL			

FLOWERS / MATERIALS / PRODUCTS	QUANTITY	UNIT PRICE	AMOUNT (\$)
TOTAL			

NOTES: _____

ACCEPTED PAYMENT METHOD(S): _____

SUBTOTAL	
DISCOUNT	
TAX / VAT	
TOTAL	

THANK YOU FOR YOUR BUSINESS

